

BEST AVAILABLE COPY

Lemont Hunter
PCT International Division
(703) 305-3388

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						10/089662			
						APPLICANT(S)			
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1				51			
2		1				52			
3		1				53			
4		1		1		54			
5		1		1		55			
6		1		1		56			
7		1		1		57			
8		1		1		58			
9		1		1		59			
10		1		1		60			
11		1		1		61			
12		1		1		62			
13		1		1		63			
14		1		1		64			
15		1		1		65			
16		1		1		66			
17		1		1		67			
18		1		1		68			
19						69			
20						70			
21						71			
22						72			
23						73			
24						74			
25						75			
26						76			
27						77			
28						78			
29						79			
30						80			
31						81			
32						82			
33						83			
34						84			
35						85			
36						86			
37						87			
38						88			
39						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
TOTAL IND.		4				TOTAL IND.			
TOTAL DEP.		14				TOTAL DEP.			
TOTAL CLAIMS		18				TOTAL CLAIMS			